Clinical Practice: Clinical Images

Fungating Mass as First Presentation of Advanced Breast Cancer

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Figure 1. Necrotic right breast mass.

A 52-year-old woman visiting from the nation of Tonga presented to the Emergency Department with shortness of breath and an enlarging right breast mass that she first noticed one year prior to evaluation. Physical examination revealed a pulse of 120 beats/min, a respiratory rate of 40 breaths/min and a necrotic right breast mass, measuring 15 cm×7.5 cm (Fig. 1). Diminished breath sounds and dullness to percussion were noted at the right posterior chest. Computed tomography of the chest showed one dominant (Fig. 2, X) and multiple smaller lesions in the right breast; a right-sided pleural effusion (Fig. 2, asterisk); nodular pleural thickening (Fig. 2, arrowhead); lung parenchymal nodules (Fig. 2, arrow); and diffuse lymphadenopathy. Biopsy demonstrated infiltrating poorly differentiated ductal adenocarcinoma. While fungating breast masses are considered locally advanced disease (stage III), she was diagnosed with stage IV breast cancer due to the presence of distant metastases.¹⁻³ Globally, breast cancer incidence is increasing.^{4,5} In developing countries >60 % of women present with later stage cancers (III/

Figure 2. Computed tomography of the chest showing one dominant (X) and multiple smaller lesions in the right breast; a right-sided pleural effusion (asterisk); nodular pleural thickening (arrowhead); lung parenchymal nodules (arrow); and diffuse lymphadenopathy.

IV).⁴ In one case series, 39 % of 212 patients presented with fungating breast masses.⁶ This patient was subsequently discharged with palliative care follow-up.

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